

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
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CG

3/11/10 2:18

A Public Document

3/26/10 11:31:58

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
NOTTOLI	DON	W.		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

BOARD OF SUPERVISORS

Division, Board, District, if applicable:

DISTRICT 5

Your Position:

BOARD MEMBER

► If filing for multiple positions, list additional agency(ies) position(s). (Attach a separate sheet if necessary.)

Agency:

Position:

FILED  
MAR 25 2010

KRAMER, CLERK/RECORDER  
DEPUTY

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of SACRAMENTO

☐ City of

☐ Multi-County

☐ Other

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / /, through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate Election Year: / /

**4. Schedule Summary**

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached  
Real Property

Schedule C ☒ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MARCH 26, 2010  
(month, day, year)

Signature

I file the originally signed statement with your filing official.

BOARDS/COMMISSIONS/AGENCIES

POSITION

Area 4 Agency on Aging	Board Member
Sacramento Valley Basinwide Air Pollution Control Council	Council Member
Board of Supervisors	Board Member
Cal-ID RAN Board	Board Member
Capital Southeast Connector, JPA	Board Member
Delta Protection Commission	Director
Freeport Regional Water Authority	Board Member
Regional Human Rights/Fair Housing Comm Governing Bd	Board Member
Sacramento Abandoned Vehicle Service Authority	Board Member
Sacramento Area Flood Control Agency	Board Member
Sacramento Central Groundwater Authority	Board Member
Sacramento County Mental Health Board	Board Member
Sacramento County Regional Solid Waste Authority	Board Member
Sacramento Employment and Training Agency(SETA)	Board Member
Sacramento Metropolitan Air Quality Management District	Board Member
Sacramento Metropolitan Cable Television Commission	Commissioner
Sacramento-Placerville Transportation Corridor JPA	Board Member
Sacramento Public Library, JPA	Board Member
Sac Regional Co. Sanitation Dist./SASDist.	Board Member
Sacramento Regional Transit District	Board Member
Sacramento Regional Solid Waste Authority	Board Member
Sacramento Transportation Authority/SAVSA	Board Member

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

DON W. NOTTOLI

► STREET ADDRESS OR PRECISE LOCATION

735 MYRTLE STREET

CITY

GALT, CA 95632

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE

\_\_\_\_/\_\_\_\_/09

ACQUIRED

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE

\_\_\_\_/\_\_\_\_/09

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

CHASE

ADDRESS (Business Address Acceptable)

P O BOX 78148, PHOENIX, AZ 85062

BUSINESS ACTIVITY, IF ANY, OF LENDER

FINANCIAL INSTITUTION

INTEREST RATE

4.584

% ☐ None

TERM (Months/Years)

40 YEARS

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor (if applicable)

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor (if applicable)

Comments: ADJUSTABLE RATE MORTGAGE-AVERAGE INTEREST RATE FOR 2009

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>DON W. NOTTOLI</b>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

**HUMPHREY'S COLLEGE**

ADDRESS (Business Address Acceptable)

**6550 INGLEWOOD AVE., CA 95207**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**VOCATIONAL SCHOOL**

YOUR BUSINESS POSITION

**INSTRUCTOR**

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

**LOLL FAMILY TRUST 2003/CARL P. LOLL**

ADDRESS (Business Address Acceptable)

**ACCT. W/WELLS FARGO BANK, GALT BRANCH**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**PO BOX 5190, SIOUX FALLS, SD 57117**

YOUR BUSINESS POSITION

**CO-TRUSTEE**

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other **ADMIN./GRANDFATHER'S TR./CARL LOLL**  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

\_\_\_\_\_%      ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
(Street, city, etc.)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name DON W. NOTTOLI
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► NAME OF SOURCE  
**PAWS-PERFORMING ANIMAL WELFARE**  
 ADDRESS (Business Address Acceptable)  
**SOCIETY, PO BOX 849, GALT, CA 95632**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ANIMAL RESCUE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/25/09	\$ 75.	1 TKT PAWS 25TH
		ANNIVERSARY GALA

► NAME OF SOURCE  
**STONEBRIDGE PROPERTIES LLC**  
 ADDRESS (Business Address Acceptable)  
**3500 AMERICAN RIVER DR. SAC, CA 95864**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**LAND DEVELOPMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/03/09	\$ 120.	BOOK, "PRIDE OF
		THE RIVER"
12/09/09	\$ 35.	COOKIE TIN/FRUIT

► NAME OF SOURCE  
**CAPITAL CHRISTIAN CENTER**  
 ADDRESS (Business Address Acceptable)  
**9470 MICRON AVE., SACRAMENTO CA 95827**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**CHURCH**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/13/98	\$ 75.	3 TKTS, "SINGING
		CHRISTMAS TREE"
		PERFORMANCE

► NAME OF SOURCE  
**MICHAEL ALCALAY/ SAM LEN, CITY DEV. CORP**  
 ADDRESS (Business Address Acceptable)  
**2041 HALLMARK DR. SACRAMENTO CA 95825**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ALCALAY/MEDIA COMM./LEN/CONST. MGMT.**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/05/09	\$ 80.	1 TKT JEWISH FED.
		DINNER, SALUTE TO
		D. STEINBERG

► NAME OF SOURCE  
**JIMMIE YEE**  
 ADDRESS (Business Address Acceptable)  
**700 H STREET, STE 2450 SACRAMENTO. 95814**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**COUNTY SUPERVISOR, SACRAMENTO COUNTY**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/10/09	\$ 75.	POINSETTIA PLANT

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

Comments: \_\_\_\_\_